

## GENTLE TEACHING'S ASSUMPTIONS AND PARADIGM

JOHN J. MCGEE

CREIGHTON UNIVERSITY

R. Jones and McCaughey (1992) analyzed gentle teaching (GT) from the perspective of applied behavior analysis and found that the two approaches need not be regarded as mutually exclusive. They described GT as a nonaversive method for reducing challenging behavior that aimed to establish a mutual relationship between the individual in need and his or her caregivers. McGee, Menolascino, Hobbs, and Menousek (1987) initially defined gentle teaching as a nonaversive behavioral intervention strategy. However, more recently, McGee and Menolascino (1991) described GT as a prelude to a psychology of interdependence that requires mutual change, starting with the need for caregivers to analyze and increase their value-centered interactions and decrease dominative ones.

### *Assumptions*

McGee and Menolascino (1991) emphasized that GT's central assumption is based on the need to analyze and bring about interactional change, especially the expression of unconditional valuing on the part of caregivers (i.e., high frequency and non-contingent value giving). McGee and Gonzalez (1990) stated that this caregiver behavior involves verbal, tactile, and gestural interactions that unconditionally praise and uplift the person with severe behavioral problems regardless of and apart from any particular behavior displayed at the moment. Such value giving might seem to hold little or no initial meaning or power, yet it is assumed that its meaning is learned over time.

McGee and Menolascino (1991) postulated that all individuals have an inherent longing for affection and warmth, even those who are engaged in aggression, self-injury, or withdrawal. This longing

could eventually respond to unconditional valuing. Although not able to be directly measured, responding can be inferred from observable behaviors indicative of a feeling of companionship such as warm gazes, hugs, handshakes, smiles, soothing sounds, and verbal expressions.

Gentle teaching assumes that the initial purpose of caregiving is to establish a feeling of companionship between the caregiver and the individual with behavioral difficulties. McGee and Menolascino (1991) described the need to teach the individual with behavioral difficulties to feel safe and secure, to become engaged with the caregiver, and to accept and reciprocate unconditional valuing.

McGee and Gonzalez (1990) pointed out the need to analyze and change a cluster of caregiver interactions—decreasing dominative interactions and increasing value-centered ones. They emphasized the need for caregiver change prior to and along with change in the individual with behavioral difficulties. R. Jones and McCaughey (1992) pointed out that GT involves complex interactional change. McGee and Gonzalez (1990) defined the need to accelerate key caregiver behaviors (e.g., value giving, elicitation of valuing, warmly helping, and protecting) and to decelerate others (e.g., the use of punishment and restraint as well as the display of other dominative interactions). They stated that all caregiver interactions need to begin with, center on, and lead to unconditional valuing. The driving force in GT is caregiver change.

### *Behavioral Interventions and GT*

McGee et al. (1987) recognized the contributions of past behavioral research and recommended the use of a number of supportive techniques in the GT package: (a) errorless teaching strategies (Cronin & Cuvo, 1979), (b) task analysis (Gold, 1972), (c) environmental management (Gold, 1972), (d) precise and conservative prompting

---

Correspondence and reprint requests should be sent to John J. McGee, Creighton University, 2205 South 10th Street, Omaha, Nebraska 68108.

(Stokes & Baer, 1977), (e) the identification of precursors to target behaviors (McGee, 1989), (f) the reduction of verbal instructions or verbal and physical demands (Gold, 1972), (g) choice making (Shevin & Klein, 1984), (h) fading assistance (Becker, Englemann, & Thomas, 1975), and (i) the integration of other caregivers and peers into the relationship (McGee, 1989). McGee (1989) also pointed out other techniques, most notably (a) coparticipation with the person (i.e., performing tasks for or with the person in order to bring about the meaning of human engagement, rather than a primary focus on compliance or skill acquisition) and (b) the use of dialogue to express unconditional valuing.

### *Criticisms of Gentle Teaching*

R. Jones and McCaughey (1992) delineated several criticisms of GT, observing that GT has had modifications and apparent contradictions throughout its evolution. They stated that this process has led to difficulties in training others to be gentle teachers and in evaluating the impact of GT. Recent descriptions of the interactional variables involved in GT and its intervention procedure appear to have helped to overcome this criticism. McGee and Gonzalez (1990) described and defined 12 interactional variables related to the approach as well as to the GT intervention. Attempts by other authors (Barrera & Teodoro, 1990; J. Jones, Singh, & Kendall, 1990; Jordan, Singh, & Repp, 1989; Paisey, Whitney, & Moore, 1989) to evaluate GT systematically have failed to analyze and measure interactional change and have deviated from the GT intervention in methodology and procedures.

R. Jones and McCaughey (1992) stated that the claim that GT is universally effective is false, but that future research will confirm the findings of J. Jones et al. (1990) that it is effective for some individuals and ineffective for others. This same conclusion could be made regarding any psychological paradigm, including applied behavior analysis.

R. Jones and McCaughey (1992) argued that proponents of GT use strong language to argue against the use of punishment, especially linking

aversive interventions with torture. There are similarities between some aversive techniques and torture, especially the use of contingent electric shock. Mudford (1985) appeared especially chagrined at the criticism by McGee et al. (1987) that "strange practices such as squirting ammonia in the face . . . are periodically introduced as innovative practices" (p. 22). He described this accusation as inaccurate and unfair, reporting that was an "ill researched, vitriolic attack on mainstream behavior analysts/therapists" (p. 268). The "strange practice" comment was descriptive of a range of punishment strategies that continue to be viewed as odd ways to help others, whether involving water, ammonia, contingent electric shock, or any other aversive procedure. The point was to question critically any practice that might offend human dignity in its form or process and to highlight the need for caregiver change.

Strong comments attributed to proponents of GT need to be analyzed from a broader perspective. Many individuals with severe behavioral problems suffer horrendous life conditions—long-term institutionalization in depersonalized settings, lengthy periods of restraint and neglect, and a seemingly endless series of aversive procedures that have little or no beneficial effect on behavior. Although many aversive procedures have been reported to be successful, thousands of other individuals are subjected to these same interventions without success.

Brandon's (1990) comment that GT may be highly aversive to people whose self-injury may be motivated by a desire to escape from contact with others is an assumption not based on data. McGee and Gonzalez (1990) pointed out that caregivers need to apply interactions that prevent harm or disruption without immobilizing the person and to diminish any perception of an emotional or physical tug-of-war that might result in aggression or self-injury. Barrera and Teodoro's (1990) observation that GT might have aversive properties did not fully describe the conditions under which the individual in their study was found prior to and during the intervention. However, they noted an individual in a highly restricted environment who required pharmacological treatment along with the

use of emergency medications and who was subjected to restraint procedures that had led to swelling of wrists, hands, and ankles. Many individuals with severe aggression and self-injury live with restraint and punishment. It is common to find individuals subjected to years of mechanical restraint (e.g., masked helmets, restraint chairs, and tubes on their arms) or aversive procedures (e.g., contingent electric shock). The fact that an individual might attempt to hit oneself or others once free of restraint or punishment is not due to the GT intervention per se but to previous and current periods of restraint, punishment, or neglect.

Emerson's (1990) assertion that GT might be aversive or dangerous to some individuals if self-injury is caused by untreated medical conditions is a red herring. Anyone using GT or any other intervention should investigate and treat possible medical conditions prior to or along with any other treatment.

### Conclusion

Gentle teaching is distinct from applied behavior analysis in its unconditional valuing, its focus on mutual change, its analysis and measurement of dyadic variables, and its underlying assumptions. It is congruent with applied behavior analysis in that it uses several behavior-change techniques in its intervention procedure. Its assumptions can be observed and measured through inference. It calls for caregiver change through the expression of unconditional valuing at a frequency far exceeding current behavioral practices.

Unconditional valuing might be able to resolve the paradox that aversive interventions are necessary when positive reinforcement does not yield desired results. Although current practices often adopt a hierarchy of least-to-most intrusive procedures (Mudford, 1985), it is assumed that the power of human valuing can be taught to persons with seemingly refractory behaviors if it is given unconditionally in conjunction with supportive behavioral and other techniques. The fact that a person has been "unresponsive" to positive reinforcement perhaps indicates a greater need for valuing rather than a lesser one. Even though aversive versus nonaver-

sive intervention procedures maintain a central position in current practices, it appears quite possible that a third option exists based on a paradigm of intense unconditional human valuing.

Applied behavior analysis provides caregivers with a range of tested teaching techniques and the opportunity to measure the effects of intervention procedures. Gentle teaching offers the opportunity to focus on interactional change, explore and test new assumptions, and put aside the use of restraint and punishment.

R. Jones and McCaughey (1992) have urged caregivers to take time to reflect on how individuals with behavioral difficulties might be best helped, to examine the direction we are pursuing, and to attempt to establish a synthesis of both approaches. These are laudable goals.

### REFERENCES

- Barrera, F. J., & Teodoro, G. M. (1990). Flash bonding or cold fusion? A case analysis of gentle teaching. In A. C. Repp & N. N. Singh (Eds.), *Current perspectives on the use of aversive and non-aversive interventions for persons with developmental disabilities* (pp. 199-214). Sycamore, IL: Sycamore.
- Becker, W. C., Engelmann, S., & Thomas, D. R. (1975). *Teaching 2: Cognitive learning and instruction*. Chicago: Science Research Associates.
- Brandon, D. (1990). Gentle teaching. *Nursing Times*, *86*, 62-63.
- Cronin, K. A., & Cuvo, A. J. (1979). Teaching mending skills to mentally retarded adolescents. *Journal of Applied Behavior Analysis*, *12*, 401-406.
- Emerson, E. (1990). Some challenges presented by severe self-injurious behaviour. *Mental Handicap*, *18*, 92-98.
- Gold, M. W. (1972). Stimulus factors in skill training of retarded adolescents on a complex assembly task: Acquisition, transfer and retention. *American Journal of Mental Deficiency*, *76*, 517-526.
- Jones, J. L., Singh, N. N., & Kendall, K. A. (1990). Effects of gentle teaching and alternative treatments on self-injury. In A. C. Repp & N. N. Singh (Eds.), *Current perspectives on the use of aversive and non-aversive interventions for persons with developmental disabilities* (pp. 215-230). Sycamore, IL: Sycamore.
- Jones, J. L., Singh, N. N., & Kendall, K. A. (1991). Comparative effects of gentle teaching and visual screening on self-injurious behavior. *Journal of Mental Deficiency Research*, *35*, 37-47.
- Jones, R. S. P., & McCaughey, R. E. (1992). Gentle teaching and applied behavior analysis: A critical review. *Journal of Applied Behavior Analysis*, *25*, 853-867.

- Jordan, J., Singh, N. N., & Repp, A. (1989). An evaluation of gentle teaching and visual screening in the reduction of stereotypy. *Journal of Applied Behavior Analysis*, **22**, 9-22.
- McGee, J. (1989). *Being with others: Toward a psychology of interdependence*. Omaha, NE: Creighton University.
- McGee, J. J., & Gonzalez, L. (1990). A preliminary study of the effects of gentle teaching in 15 persons with severe behavioral difficulties and their caregivers. In A. C. Repp & N. N. Singh (Eds.), *Current perspectives on the use of aversive and non-aversive interventions for persons with developmental disabilities* (pp. 237-254). Sycamore, IL: Sycamore.
- McGee, J. J., & Menolascino, F. J. (1991). *Beyond gentle teaching: A non-aversive approach to helping those in need*. New York: Plenum Press.
- McGee, J., Menolascino, F. J., Hobbs, D. C., & Menousek, P. E. (1987). *Gentle teaching: A non-aversive approach to helping persons with mental retardation*. New York: Human Sciences Press.
- Mudford, O. C. (1985). Treatment selection in behavior reduction: Gentle teaching vs. the least intrusive treatment model. *Australia and New Zealand Journal of Developmental Disabilities*, **10**, 265-270.
- Paisey, T. J., Whitney, R. B., & Moore, J. (1989). Person-treatment interactions across non-aversive response-deceleration procedures for self-injury: A case study of effects and side-effects. *Behavioral Residential Treatment*, **4**, 69-88.
- Shevin, M., & Klein, N. K. (1984). The importance of choice-making skills for students with severe disabilities. *Journal of the Association for Persons with Severe Handicaps*, **9**(3), 159-166.
- Stokes, T. F., & Baer, D. M. (1977). An implicit technology of generalization. *Journal of Applied Behavior Analysis*, **10**, 349-367.

Received June 1, 1992

Initial editorial decision July 16, 1992

Revision received September 9, 1992

Final acceptance September 9, 1992

Action Editor, Mark Mathews